



HEADQUARTERS NEW JERSEY ARMY AND AIR NATIONAL GUARD
NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
3650 SAYLORS POND ROAD
FORT DIX, NEW JERSEY 08640-7600

ARMY BULLETIN NO. 40

23 July 2003

DENTAL TREATMENT PROCEDURES (G1-DPCS-HS)

1. References:

- a. All States Log Number P02-0064, Dental Readiness of Soldiers in Units Scheduled to Deploy within 75 Days of Mobilization, 6 December 2002
- b. Contract Policy Letter 03-01, Contracting for Dental Care of Soldiers Scheduled for Deployment, 13 January 2003
- c. AR 40-3, Medical, Dental and Veterinary Care, 28 January 2002

2. Reference ALL STATES MEMORANDUM from the National Guard Bureau, dated December 2002. The purpose for dental treatment is for soldiers assigned to units scheduled to deploy within 75 days of mobilization. Soldiers assigned to designated units and identified as being within dental classification III or IV, will have necessary dental treatment initiated to meet dental classification II (deployment standard).

3. IAW AR 40-3, Chapter 6, Paragraph 6, unit commanders are responsible for the dental readiness of their personnel. In addition, soldiers have a personal responsibility to attain and maintain appropriate dental readiness in support of their units.

4. Soldiers schedules for OCONUS deployment within 75 days must be determined dental classification I or II for deployment. Soldiers may be deployed for Operation Noble Eagle in CONUS in a dental classification III.

5. Soldiers in dental classification III/IV are not eligible for overseas deployment until corrective action is completed.

6. Historically, corrective action at the mobilization station has been extractions. To correct dental classification III/IV prior to mobilization affords restorative treatment modalities.

7. This is an urgent requirement and immediate action is required.

8. The procedures outlined below are to be followed in the event of a soldier requiring dental care after being identified as Dental Classification III or IV:

a. INITIAL DENTAL CLASSIFICATION

- (1) Soldier reports to MOBEX site/medical and dental station.
- (2) A written referral is made by dental officer.
- (3) Soldier is then advised by unit to obtain proper treatment.
- (4) Soldier obtaining dental services must be on orders in a duty status (may be in a points only status) in order to cover LINE OF DUTY injury or illnesses.
- (5) Soldier contacts dental office for an appointment to receive treatment recommended by dental officer.

b. UNIT RESPONSIBILITIES

- (1) Unit refers to current attached list of providing dentists to send soldier within reasonable distance.
- (2) Contact HSS ,WOC Josephine Grey 609-562-0865 or DSS, LTC Deborah Burr 732-974-5910 for additional guidance if applicable, to help soldier obtain dental care.
- (3) Once a soldier has a dental classification that has been determined to be Class III or IV, the unit will ensure proper procedures are followed to ensure timely dental care for the soldier. This is an urgent requirement and immediate action is required.
- (4) Ensure soldiers are referred only to the current list of dental providers attached. To assist proper bill submissions, soldiers must bring a copy of the enclosed dental treatment letter provided by HSS to their appointment.

c. SOLDIER RESPONSIBILITIES

- (1) Ensure that once referral for dental treatment is obtained, make every effort to coordinate timely appointments at designated dental office.
- (2) Make every effort to show up at dental treatment appointments and on time.
- (3) Uses primary dental insurance as a method of payment if applicable. Payment balance will be submitted to the HSS office.
- (4) Bring a copy of enclosed dental treatment letter provided by HSS to appointment.

d. INDIVIDUAL DOLLAR LIMITS FOR TREATMENT

- (1) IAW Contract Policy Letter 03-01 dated January 2003, contracting for dental care of soldiers scheduled for deployment, individual expenses for dental treatment will NOT exceed \$2,500.00.
- (2) Currently, payment will be necessary to support deployment of soldiers with contract dental services. HSS will treat these requirements as high priority and assure service is provided within the time frame specified.
- (3) Payment for services should correspond with referrals by dental officer for classification II standards.

e. HSS RESPONSIBILITIES

- (1) Ensure timely submissions of payment for outstanding balances for soldiers who have received dental treatment.
 - (2) Assist unit with payment procedures.
 - (3) Report current dental treatment activity to the National Guard Bureau on a weekly basis.
9. To further clarify these dental classification standards, enclosures are provided. In addition, lists of participating dental offices are provided for soldier's use.
10. Point of contact is LTC Burr (732) 974-5910 or WOC Grey (609) 562-0865.

OFFICIAL:

GLENN K. RIETH
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NGB-ARS

MEMORANDUM FOR ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE US VIRGIN ISLANDS, GUAM AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA

SUBJECT: Dental Readiness of Soldiers in Units Scheduled to Deploy within 75 Days of Mobilization

1. References:

- a. Due to security issues and/or relevance, this does not apply for civilian medical providers.
2. Purpose: This memorandum establishes ARNG policy on the authorization for States/Territories with soldiers assigned to units scheduled to deploy within 75 days of mobilization to enhance dental readiness prior to mobilization. Soldiers assigned to designated units, and identified as being within Dental Classification 3 or 4, will have necessary dental treatment initiated to bring them up to Dental Classification 2 (deployment standard).
3. Background: IAW AR 40-3, Chapter 6, Paragraph 6, Unit Commanders are responsible for the dental readiness of their personnel. Soldiers have a personal responsibility to attain and maintain appropriate dental readiness in support of their units. Soldiers must meet Dental Classification 2 standards to deploy. To alleviate unnecessary delays at the mobilization station and allow soldier to focus on pre-mobilization training tasks, the goal of the ARNG is to have all soldiers attain Class 2 standards prior to arrival. The position of the DARNG and the ARNG Chief Surgeon is that extractions are not an appropriate resolution for repairable dental conditions. It is strongly recommended that soldiers with dental insurance use their own dentist prior to mobilization to attain Class 2 or Class 1 standards.
4. To accomplish the Director's intent, two steps must be completed.
Due to security issues and/or relevance, this does not apply for civilian medical providers.
5. Funds States will use:
Due to security issues and/or relevance, this does not apply for civilian medical providers.
6. This office requests that the States carefully monitor the execution of this guidance to include tracking of all cost associated with any services provided which will elevate the soldiers' condition to Class 2. States should establish controls to ensure that any soldier whose dental care plan to achieve Class 2 standards will exceed \$2500.00 is reviewed for appropriateness and then approved by the State senior dental or medical officer prior to execution.
7. States will ensure that dental screenings completed using civilian providers are document on the DD Form 2813, Department of Defense Reserve Forces Dental Examination Form. This form is used to document current dental classifications and to identify those conditions that place a soldier into Dental Class 3.
8. Soldiers obtaining dental services under this guidance must be on orders in a duty status in order to cover line of duty injury or illness.
9. This memo has been altered for civilian medical provider use.
10. This memo will expire 6 December 2003 unless sooner rescinded or superseded.



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DENTAL CLASSIFICATIONS PER AR 40-3

Class 1. Patients not requiring dental treatment or reevaluation within 12 months.

Criteria are-

1. No dental caries or defective restorations.
2. Arrested caries for which treatment is not indicated.
3. Healthy periodontium, no bleeding on probing: oral prophylaxis not indicated.
4. Replacement of missing teeth not indicated.
5. Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic removal.

Class 2. Patients who have oral conditions if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months.

Criteria are-

1. Treatment or follow up indicated for dental caries with minimal extension into dentin or minor defective restorations easily maintained by the patient where the condition does not cause definitive symptoms.
2. Interim restorations or prostheses that can be maintained by the patient for a 12 month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.
3. Edentulous areas requiring prostheses but not on an immediate basis.
4. Periodontal disease or periodontium exhibiting:
 - a. Requirement for oral prophylaxis.
 - b. Requirement for maintenance therapy; this includes stable or non-progressive mucogingival conditions requiring periodic evaluation.
 - c. Non-specific gingivitis.
 - d. Early or mild adult periodontitis.
5. Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
6. Active orthodontic treatment.
7. Temporomandibular disorder patients in maintenance therapy.

Class 3. Patients who have oral conditions that if not treated are expected to result in dental emergencies within 12 months. Patients should be placed in Class 3 when there are questions in determining classification between Class 2 and Class 3.

Criteria are-

1. Dental caries tooth fractures or defective restorations where the condition extends beyond the dentinoenamel junction and causes definitive symptoms; dental caries with moderate or advanced extension into dentin; and definitive restoration not maintained by the patient.
2. Interim restorations or prostheses that cannot be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.
3. Periodontal diseases or periodontium exhibiting:
 - a. Acute gingivitis or pericoronitis.
 - b. Active moderate to advanced periodontitis.
 - c. Periodontal abscess.
 - d. Progressive mucogingival condition.
 - e. Periodontal manifestations of systemic disease or hormonal disturbances.
4. Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.
5. Unerupted, partially erupted or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.
6. Chronic oral infections or other pathologic lesions including:
 - a. Pulpal or periapical pathology requiring treatment.
 - b. Lesions requiring biopsy or awaiting biopsy report.
7. Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (for example, drain or suture removal) until resolved.
8. Temporomandibular disorders requiring active treatment.

Class 4. Patients who require dental examinations. This includes patients who require annual or other required dental examinations and patients whose dental classifications are unknown.



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G1-DPCS-HS/609-562-0865**



Date

Providing Dental Office

To Whom It May Concern:

The patient reporting to your office for dental treatment represents the Army National Guard.

We appreciate you accepting us as a new customer assisting with the future deployments of our soldiers.

Submit all bills for fees of service to the point of contact listed below.

I look forward to working with you in the future. Do not hesitate to contact me for any additional information. Thank you for your cooperation and prompt attention to this matter.

Sincerely,

//s//

Josephine C. Grey
Warrant Officer Candidate, NJARNG
Health Systems Specialist

List of Providing Dental Offices
G1-DPCS-HS
WOC Josephine C. Grey

1. Dr. Howard Epstein
Woodbine Dental
901 DeHirsch Avenue
Woodbine, N.J. 08270
(609) 861-2784
Fax:(609) 861-3160

2. Mark Danner, DMD
George Barth, DMD
539 Egg Harbor Road
Sewell, N.J. 08080
(856) 589-4984
Fax:(856) 589-7700
Email: barthanddanner@snip.net

3. Gordon Sangree, DDS
498 North Main Street
Barnegat, N.J. 08005
(609) 698-7770

4. Dr. Nils Bryant
230 Route 206
Bldg 1 Suite 1
Flanders, NJ 07836
(973) 927-9268
Fax:(973) 927-8984

5. Dr. Hellinger, DDS
39 South Fullerton Avenue
Montclair, N.J. 07042
(973) 655-1919

6. Dr. Robert Scherrer
9014 Kennedy Blvd.
North Bergen, NJ 07047
(201) 869-5151
Fax:(201) 869-7103

7. Apple Dental Center
600 Berlin-Cross Keys Road
Sicklerville, NJ 08081
(856) 875-5598
Fax:(856) 875-4501

8. All in the Family Dental Care
2041 State Hwy 35
Wall, N.J. 07719
(732) 449-2228

9. All in the Family Dental Care
130 Kinder Kamack Road
River Edge, N.J. 07661
(201) 343-4044

10. Dr. Irina Trakhtman, DDS
Route 1 Dental
2229 Hwy 1
North Brunswick, N.J. 08902
(732) 940-0222
Fax:(732) 940-5532

11. Dr. David Schor, DDS
Imagine Advanced Arts
3100 Princeton Pike, Bldg 2
Lawrenceville, N.J. 08648
(609) 896-0589
Fax:(609) 895-1591